MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045408

DEP.	ART	1EN	TOF	PUB	LIC	HEALTH AND WE	EL FAREN 4 A	***		9.0	100	•	2		STATE	FILE NUA	XUC)	
DO NOT WRITE			ENDED	1	Reg	istration District No	race O"	imary Reg	gistration D	istrīct No. 🔃	JU:	Registrar's No.	1210	2	JIAIC		TDER	
ON THIS STUB				1		PLACE OF DEATH	1 2 13 03					2. USUAL RESIDENC	CE (Where dece	ased live	d. If ins	titution: F	esidence befo	Dre
VS 300	ع ا	۰ ب		1		a. COUNTY						a. STATE Miss					admission)	
Rev. 4/59		3 6	1 1	11		b. CITY (If outside con	rporate limits, give TOW	NSHIP on	y) {	ength of stay in	n 1b	c. CITY			_		Inside Limit	rs .
		֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	il I			OR TOWN	St. Louis					or rown St.	Louis				Yes 🖫 No	0
1	4	()	9	1 [c. FULL NAME OF (IF	NOT in hospital, give loc	ation)		Inside Lin	nits	d. STREET ADDRESS	(If	outside, g	ive locati	on)	Reside on Fa	rm
2 7 2	NATE AMENDED		<u>' </u>			HOSPITAL OR	Homer G. Ph	1111	ns	Yes 🛣 No	。□↓	ADDRESS 2220	O'Fallo	nn. A	nt. I	02	Yes 🔲 No	Œ
	11/2	+	} -	┦▮		NAME OF DECEASED				idle	1						V	=
3	4	1	11		Э.	(Type or print)	Georg	e	MI	JOIG		Last Ellison	4. DATE OF DEATH	Mor 1		Day 5	.63	
4 2		1	11	16									9. AGE (last b					4 UN
		;	49	5	5.	sex Male	6. COLOR OR RACE		Aarried X idowed □	Never Married Divorce		8. DATE OF BIRTH 4/28/1910	53	Jir inday)	Months	Days	Hours M	Ain.
5 /		زرا	3		10a	-	(Give kind of work done	10b. K	IND OF BU	SINESS OR IND	ÜSTRŸ	<u> </u>		country)	12. CIT	IZEN OF V	HAT COUNTE	RY
6	8		3			during most of working	ng life, even if retired)	1	-			Denmark.	=			S. A		
7 /	<u></u>		13		13a.	La borer FATHERS NAME			13b. MOT	HER'S MAIDEN	NAME	<u> </u>		AME OF 1	NUSBAND			—
	FOLIOWS	0	3			illiam Elli:	son		Me	ggie Pat	tric	ek	J l	/elma	E11	i son		
8 /			1		15	WAS DECEASED EVER	IN U.S. ARMED FORCES	?	16. SOC	IAL SECURITY	NO.	17. INFORMANT	<u>-</u> -l`		ddress			
9	AS]	ğ ·		(Yes	, no, No unknown) (If	yes, give war or dates o	f servic				Velma El	lison 2	2229	Fal:	lon A	pt 102	
	ARE	\mathbb{R}^{3}		5	\top	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED B	r line				-		. <u></u>		INT	ERVAL BETWE	
10		;	₹	DOCUMENT		PARI I.	IMMEDIATE CAUSE				Ur	emia		•			det.	ш
11	8 5		<u> </u>	S			Manco Mile Choose											_
10 22 61	RECORD			8		Conditio	ens, if any,) DUE TO	(b)			Hy	pertension						
12///	نا ما	4	1 15				ave rise to cause (a),									_		_
13		+-	╀┼	- 			the under- ause last. DUE TO	(c)			Ch:	ronic Renal	Disease	e				
	NO	?	44		۲	PART II.	OTHER SIGNIFICANT	CONDITI	ONS CONT	RIBUTING TO	DEATH	d but not related to	the terminal	PART	III. If de	eceased v	vas female cy in last 90	Was
77	- 1	- ki	3	3	Ĭ		disease condition giver	I IN PAKI	1 (a)			50	700		☐ Yes			
		1	3	14	띫.	TO THE STITOBER	20a. ACCIDENT SUICI	חב אח	MICIDE	1 20% DESCRIR	E HOV	V INJURY OCCURRED.	(Fotor nature of	injury in	1			
	AMENDMENTS			3	CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO []	ZOS. ACCIDENT SOICE			TOD. OLSCRID		, moon occounts.	(Emer maiore of	,,,		771111	,	
_	몺	0,	3	13	- 1	20c, TIME OF Hour	Month, Day, Year			└							_	
V S	₹	-4	4		MEDICAL	INJURY a.m.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
BLACK INK OR RITER RIBBON		G.	3			20d. INJURY OCCURRE	ED 20e. PLAC	E OF IN	URY (e.g.,	in or about hom	ne, 2	Of. CITY, TOWN, OR	LOCATION .		COUNT	Υ	STAT	Ē
] [- 1	WHILE AT WORK	. □ farm, WORK □ i farm,	factory,	street, offic	e bidg., etc.)								
2 × X				3	-	 		-63		I	2-5	-63	last saw him al		12-5	-63		
		} ?	}	Crues		21. I attended the de-	ceased from	- (5:05	P	•-	date stated above, as			vlados fo	om the sa	uses stated.	
ա ∑ ։		} [:	3	4	_	Death occurred at	·				on me	22b. ADDRESS		-	- 100gc, 1.		22c. DATE SIG	GNED
USE BLACK OR TYPEWRITER	CASO CITICAN		3	២		228. SIGNATURE	X12100	egree or	title)	(}	- 1						12-6-6	
F		· 🖻	š	Σ		X//	Y MARKE	> ∮ .~	VE NAME	E CEMETERY A	D CDE	2601 N. W	d. LOCATION	City, tow	n, or com	nty)	(State)	<u> </u>
		<u> </u>] 	Z A	23a.	BURIAL, CREMATION, REMOVAL (Specify)	Dec 12, 19	⋈ "	Was	F CEMETERY A	٩řK' mět	erv .	St. Lo		Мо.			
		<u> </u>	╣	AFFIDA	Ren	NO VA I		DRESS	-1001	25.	DATE	E RECD. BY LOCAL RE	G. 26 REGIS	STAR'S S	GNATUR	/ 	4 14	—
	TEAN NO.	1	<u>ا</u> ا	₩/	76		10 1/221 N.		i Blvd	, Î	DEC	7 1963	Koan	1 A	mill	i./	7.0.	

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Olivery & Coumble:
Signature of Student Embalmer	
•	Licensed Embalmer No. 5185
14 44	P. O. Address 1221 N Grand a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.